

extremities; a general sensorial excitability is frequently present; pruritus, tingling and great sensitiveness to sounds and jars. The writer has never met with any serious accidents.

Ocular Disturbances Consecutive to Inflammation of the Middle Ear.—GERDIL (*Paris Thèse*, 1921) observes that ocular complications in the course of otitis media consist of paralysis of the abducens, encountered in 9 per cent of such cases, and papillary stasis with or without neuritis; the latter is of extremely frequent occurrence, being noted in 60 per cent of recorded observations. Paralysis of the sixth motor nerve is met with particularly in the course of the intracranial complications of otitis; it is due to quite diverse causes, such as circumscribed meningitis, cerebellar abscess, and thrombophlebitis; cases have, however, occurred in which the paralysis was not accompanied by intracranial complications; the pathogeny of such cases is very difficult of explanation; very probably the underlying condition is an affection directly involving the nerve. The alterations of the optic nerve in the course of otitis are of two forms: simple papillary stasis without immediate functional signs with ventricular hypertension alone; stasis with neuritis and rapid failure of vision when ventricular hypertension supervenes upon meningeal infection along the sheaths of the optic nerve. Systematic examination of the fundus, in the course of otitis media accompanied by symptoms of wider involvement, will reveal these alterations of the optic nerve. Treatment is based upon early diagnosis; good results may be obtained, particularly in papillary stasis. Lumbar puncture is of value in cases of slight hypertension, but it must be repeated several times. In cases of hypertension with papillary stasis recourse should be had to a decompressive craniotomy; to be of use, intervention should be practised before atrophy has had time to occur. In stasis with neuritis, vaccinothérapie is indicated, especially where the infectious organism has been isolated.

Amaurosis Provoked by Lightning.—Amaurosis from lightning is rare. An exhaustive study by VAN LINT, presented to the Belgian Society of Ophthalmology, November, 1909 embraced but 3 cases since 1843. DEPAS (*Clin. ophth.*, 1921, xxv, 63) reports the following case: A young woman being in her kitchen during a violent thunderstorm, with the window open, experienced the impression that lightning was passing through the room, when she suddenly became blind; she collapsed without, however, losing consciousness, and was found in this condition shortly after. There were no appreciable lesions except two superficial red spots on the upper part of the breast and arm; they resembled urticaria, and disappeared in a short time. She was seen by the reporter two hours after the accident; there was such intense photophobia that examination was difficult. Blepharospasm was so severe as to be uninfluenced by cocaine; ophthalmoscopic examination was impossible. The examiner could only discover slight hyperemia of the conjunctiva, and that the pupils, somewhat contracted, reacted normally. Vision was almost nil; there was a red cloud before the eyes, through which the test-card could be distinguished as an obscure whitish surface. Nevertheless the presence of the luminous reflex justified a favorable prognosis. Two days later there was not only no improvement but the sight was

even worse; pupillary reaction was still normal. An interesting fact to note is that during these two days very intense ocular and periorbital pain, with cephalalgia so severe as to prevent sleep, had appeared; three days later amelioration began; ophthalmoscopic examination failed to show the slightest trace of any lesion. From thence onward improvement was rapid, with perfect restoration of sight three weeks later, with normal fields. A first explanation of the loss of vision would ascribe the same to hysteria; but in view of our entire ignorance of the intimate mechanism of the act of vision it is possible that that mechanism may have been paralyzed for a period without alteration of the conductivity of the nervous fibers. Another conclusion from this case is that, independent of its visual properties, the retina also possesses sensation, otherwise it would be impossible to explain the intense pain provoked by light while vision was absent, and there was no external lesion capable of explaining the intense photophobia present. To this same sensory property may also be attributed the hyperesthesia to light which becomes a truly painful sensation in many persons exposed to intense light without the presence of any objective lesion.

Therapeutic Value of Injections of Milk in Diseases of the Eye.—CASSIMATTI (*La clin. ophthalm.*, July, 1921, p. 378) gives his conclusions upon the value of this method of treatment based upon 604 injections in 134 patients, of whom, however, only 84 could be followed up regularly. The author's technic consisted in making the injections most usually deeply into the gluteal muscles, rarely into the subcutaneous tissue; he has never employed subconjunctival injections. The method is entirely harmless as regards both the eye and the general system. The treatment is para-specific, constituting a powerful therapeutic method as an adjuvant to appropriate local measures; the latter should be applied in every case. The injections should not be regarded as a panacea for all ocular affections; they are capable of real service as an adjuvant in all infections of the cornea and uveal tract, more especially in ulcer with hypopyon, rheumatic iritis and purulent conjunctivitis. They are also indicated in all operations in which postoperative infection is to be feared. They should be practised as early as possible, and in sufficiently large doses, although favorable effects upon the inflammatory process occur even in the later stages.

Atropin in Ophthalmology.—FRENKEL (*Arch. d. ophthalm.*, July, 1921, p. 385) observes, from the fact of its great utility in ophthalmology, that there has been a tendency to overuse or abuse of this powerful drug; in fact, there has been a regular periodicity of protests which have been well summarized by Serie in his inaugural thesis. As an instance of the excessive use of atropin, the writer mentions all forms of keratitis, especially the superficial; this has been so distinctly recognized that certain writers have even recommended eserine in its place. He lays down as the principal indication for the use of atropin, iritis and associated conditions, such as cyclitis, iridocyclitis and interstitial keratitis, an affection so frequently complicated with cyclitis. Whether the iritis be primary or secondary, atropin is the remedy unless the inflammation depends upon some systemic condition which may also occasion hypertension; this is the case with certain forms of iritis in diabetes,